

Book reviews

An unquiet life. Memoirs of a physician and cardiologist. By J F Pantridge. (pp 122, illus. £9.95). Antrim: Greystone Books, 1989.

This book is of unusual interest. It is not a history of cardiology in Belfast in the last forty years, though that is touched on in some of its aspects. It is the self-revelation of the remarkable man and physician who revolutionised the practice of cardiology in Belfast, in Ulster, and ultimately the world. He may not have meant it, but its chief interest is to trace the development of the boy from Hillsborough, through school and student days, through the dreadful sufferings of Japanese prisoner-of-war camps, through early post-graduate years, to being physician in charge of a ward unit in the Royal Victoria Hospital and the creator of a modern cardiological service. If that personality sometimes seems, and indeed was, assertive and combative, combativeness was essential if cardiology in Belfast was to be forced or dragged into the modern age, and into a new effectiveness. What the book does little to reveal is the fact that Frank Pantridge has a heart of gold. His cardiology was not merely electromechanical but humane. Many honours have come his way, the most distinguished being the immediate award, in the field, of the Military Cross, for gallantry in the face of the enemy. He has the esteem of thousands of patients, and of his colleagues. There is no doubt but that those profiting, and those generations still to profit, from Frank's work, will rise up to call him blessed. This will be a change for Frank, because great reforms cannot be effected without opposition, and, such is human nature, resentment.

The style is admirable and so is the book production. The binding is secure. There is no index. There is only one mis-spelling. Everyone should buy this book. The proceeds go to the Heart Fund.

JS LOGAN

Myotonic dystrophy. (Second edition). By Peter S Harper, MA, DM, FRCP. (pp 384, illus. £40.00). London: W B Saunders, 1989.

Why should a monograph on a muscle disease, written by a geneticist, be important to anaesthetists, cardiologists, diabetologists, gastroenterologists, obstetricians, ophthalmologists, orthopaedic surgeons, paediatricians and speech therapists? Because it is to them, rather than to neurologists, that most patients with myotonic dystrophy will present, and unfortunately these patients often pass through the hands of many doctors before the correct diagnosis is realised. Encounters between patients with myotonic dystrophy and the medical profession are seldom straightforward but matters are considerably simplified if the diagnosis is known.

Professor Harper makes the point that this is a disease for real clinicians (of whatever specialty) and that, in the absence of a specific test, followers of the 'serum rhubarb' approach will seldom get far. The diagnostic challenge is heightened by immense phenotypic heterogeneity; the example perpetuated in most textbooks of medicine of the myotonic dystrophy patient as a bald man with a wasted face and small testicles accounts for well under 10% of gene carriers. Professor Harper has studied this disease in a depth equalled by few. From early descriptions of the disease, through to the fine detail of chromosome 19, aspects of myotonic dystrophy are dealt with in a comprehensive yet straightforward manner. Where there is doubt or controversy, he presents both sides of the argument and states his own view. It is difficult to cavil with anything in this book. It is *the* book on myotonic dystrophy and it should be available on the library shelves of any department whose members are likely to encounter these unfortunate patients.

VH PATTERSON

Human growth after birth. (Fifth edition). By David Sinclair, MA, MD, DSc, FRCSE. (pp 259, illus. £12.50, paper covers). Oxford: Oxford University Press, 1990.

This book is primarily intended for students of pre-clinical medicine and para-medical disciplines, taking courses in human biology. It gives a comprehensive overview of growth, differentiation and maturation of cells and systems from the fertilization of the ovum until old age, and would hold interest for general readership. Since the first edition in 1969, there has been much work on the fundamental cellular biology of growth, biosynthetic growth hormone has been synthesised, and anti-oncogenes discovered. References to these have been included, but kept to an elementary account. Medical students and doctors working in paediatrics or with teenage patients would find the second chapter, on growth in height and weight, of particular value. Reference to age at the onset of puberty and the

influence this has on final height is not included in this chapter but found elsewhere under the heading of indices of maturity.

In general it is well written, although it could be more concise. A helpful reference list is provided. After reading this text, I can only agree with the author's quotation of Saint Augustine — "man looks about the universe in awe at its wonders and forgets that he himself is the greatest wonder of all".

H WHITEHEAD

Diet, lifestyle and health in Northern Ireland. A report to the Health Promotion Research Trust.

By M E Barker, S I McClean, P G McKenna, N G Reid, J J Strain, K A Thompson, A P Williamson, M E Wright. (pp 212, figs. £14.75). Coleraine: University of Ulster, 1989.

This substantial and attractively produced report from the Centre for Applied Health Studies at the University of Ulster to the Health Promotion Research Trust gives the preliminary findings of a survey of diet and health in the Province. The study, funded indirectly by the tobacco industry, is very well written with no spelling mistakes, and is virtually free of factual errors.

The methodology is fully described and was obviously carried out most meticulously. I was surprised to hear that a two stage sampling system was adopted because there were no computerised sampling frames available in the Province at the beginning of the study — when in fact there were at least two. There was an excess of female participants in the study and the chances of so large a difference occurring by chance are less than 100 to 1 — could it be that Ulstermen are not as happy at handling cooking utensils as their women-folk? Although the system of sampling is fully described there were no attempts made to estimate the sampling variation. But these are minor criticisms in view of the wealth of valuable material contained in the report. The thoroughness of the team's research (they even got the Provost of their University to chair the Advisory Team!) can be gauged by the fact that the seven field workers travelled well over 205,000 miles around the Province in search of participants, using 5 hired cars (more than 347 miles for each of the 592 subjects who completed the food record). The overall response rate was a highly creditable 74% considering the dietary instrument of choice, the 7-day weighed record. They surveyed males and females aged 16–64 years and the results are in line with those reported from other parts of the British Isles where comparable methods have been employed.

The total daily energy intake in males was 2526 Kcals and in females 1670 Kcals. The mean percentage energy derived from fat (alcohol included), was 38.7 gm and 39.6 gm in males and females respectively. Unfortunately no breakdown of the different types of fat is given and consequently the PS ratio remains a mystery. Interesting comparisons of non-manual versus manual and unemployed groups are made: alcohol consumption in unemployed males is particularly high and cigarette smoking levels show a strong gradient with social class and unemployment. In some of the sub-group analyses the numbers are rather small, for example the yield of angina sufferers detected by the Rose angina questionnaire was tiny for a country plagued with ischaemic heart disease, but the authors themselves admit that it is possible that the results may be a 'function of sample size'. The main burden of the report covers nutrition, but nutrition and food do not appear until Chapter 5. Behavioural factors and self-reported health profile precede it and anthropometric characteristics, blood pressure and haematological and biochemical analyses follow. The report concludes with a review of the psychosocial findings.

One of the restrictions imposed by the Health Promotion Research Trust on its inception was to debar grant holders from including tobacco as a variable for study. This unreasonable prohibition had been lifted by the time this research was carried out. Despite the source of the funding the researchers do not flinch from establishing the full culpability of tobacco in disease causation. The funding of such a good health report by the tobacco industry, albeit indirectly, may be one example of the theological concept of the uses of adversity. Rosalind's father in "As You Like It" maintained such uses were "sweet". Be this as it may, many doctors, particularly those engaged in cardio-respiratory medicine and those genuinely interested in health promotion, feel uneasy about the tobacco industry funding health research. Good studies such as this may serve to promote the health of the tobacco industry and polish up its image. Akin to the industry's sponsorship of sport, sponsorship of health research is intended to engender innocence by association.

The authors are at pains to point out that these are only preliminary results and a fuller report, using more sophisticated statistical techniques, will follow. They also stress that the report will be of interest to health promoters. I am sure that it will be of interest to all Ulster doctors and also to members of the public as this is a very good report.

AE EVANS